BPAS
British Pregnancy Advisory Service

Safeguarding Annual Report 2023/24

Contents

Delivering safe and compassionate care

Whilst it would be wonderful to live in a society that is free of harm, abuse and neglect sadly that is not the case. Whilst this remains the status quo BPAS (British Pregnancy Advisory Service) will continue to invest in our skilled and experienced Safeguarding Team to ensure we protect those that cannot protect themselves.

Heidi Stewart
Chief Executive Officer

It is a real privilege to write the foreword for this year's Annual Safeguarding Report which demonstrates our ongoing and unwavering commitment to ensuring the safety and wellbeing of all our patients. I want to take this opportunity to thank all our colleagues for their care, commitment, and dedication to safeguarding, without their hard work we would not have achieved the progress and positive outcomes highlighted within this report.

We know more people than ever are facing adversity, abuse and challenges in their homes and communities. The increase in mental health issues for women and children, higher numbers of domestic abuse related crimes, and the unacceptable statistics on women who have been raped or sexually assaulted means Safeguarding at BPAS must be a fundamental part of our model of care across every service and every stage of the patient journey.

As we see an increase of complexity in Safeguarding cases I remain in awe of the resilience and compassion of our teams, in the last year they have supported people from a wide range of backgrounds disclose difficult and complex challenges. Our partnerships with external agencies play a key role in ensuring safe access to ongoing support, and I want to thank each of them including local adult and children's social services, mental health support services, police, GPs, MARAC, maternity services and a range of other local providers.

We continue to invest in our Safeguarding expertise and resource to ensure we meet the growing demand and complexity; in the last year our dedicated safeguarding team has grown from three to ten multi-disciplinary practitioners. This teams skills, experience and specialisms ensure we can deploy robust Safeguarding practices across all our services, including the Booking and Information Centre, Telemedicine and our face to face in clinic services.

I feel privileged to lead BPAS and to have such a dedicated and talented team of professionals in place. As we continue to set new standards in safeguarding, learn from our experiences and strive to deliver safe and compassionate care that protects and supports all patients regardless of their background or personal circumstances I want to thank all my colleagues - without you we would never achieve this.

Introduction

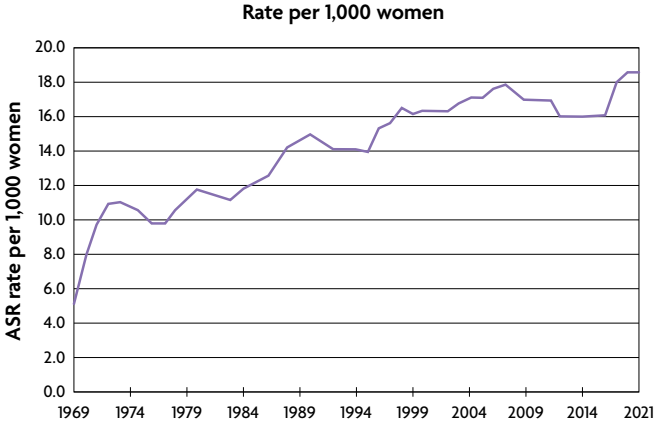
Pregnancy can be a high risk time for many people. BPAS is committed to ensuring that anyone who contacts the service, and those around them, are safe and free from harm. Our goal is to ensure that we make every contact count and ensure that coercion, abuse and fear do not effect pregnancy choice.

Amy Bucknall RN, BSc, MSc
Head of Safeguarding and Advocacy

Welcome to the annual safeguarding report from the British Pregnancy Advisory Service (BPAS). I am particularly eager for this year's report as the safeguarding transformation that has occurred between 2023 and 2024 has been extensive. We have been on a journey of change for a number of years, reflecting the changes that have occurred since the pandemic, including the legal/political/medical landscape of abortion care, patient choice and safeguarding.

More people are seeking abortion than ever before. Data from 2022 demonstrates an increase of 17% from the previous year. The graph demonstrates the rates of abortion per 1,000 in England and Wales (Office for Health Improvement and Disparities (OHI&D), 2023).

There are many reasons for increasing abortion rates. These include austerity and pressures from cost of living/interest rates, challenges in contraceptive access and changes in decision making around childbearing/family size.

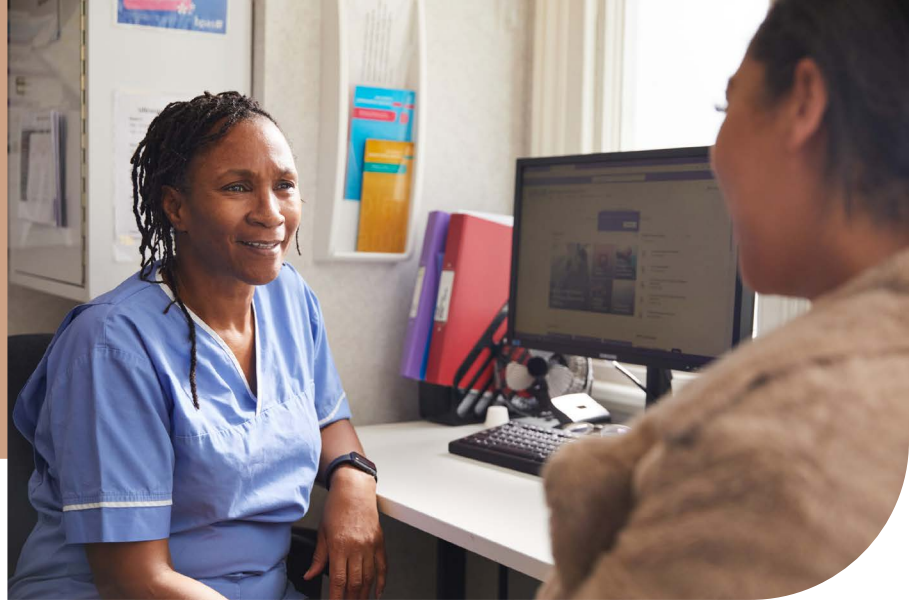


We do know that people living in the most deprived areas of England are more than twice as likely to have abortions than women living in the least deprived areas (OHI&D, 2023).

More people are also facing adversity and abuse in their homes and communities. This is evidenced by data demonstrating that:

- 1 in 5 people who identify as women/girls have a mental health issue (Mental Health Foundation, 2023)
- The number of people who identify as women/girls reporting common mental health problems has been increasing year on year (McManus et al, 2016, NHS England, 2023)
- 1 in 5 children and young people have a mental health issue (NHS England, 2023)
- 5.7% of people who identify as women or girls experienced domestic abuse in the last year (Office for National Statistics, 2023)
- The number of domestic abuse-related crimes recorded by police was 14.4% higher than the year ending March 2020 (Office for National Statistics (ONS), 2023)
- 1 in 4 women have been raped or sexually assaulted since the age of 16 (Rape Crisis, 2023)
- 1 in 2 rapes are carried out by a partner or ex-partner (ONS, 2023)

As well as managing increasing numbers and complexity, BPAS has had to adapt to a changing political and legal landscape. More people are being investigated (and some subsequently prosecuted) regarding pregnancy loss, and abortion. BPAS receives increasing amounts of police requests for the medical records of people who have enquired about abortion.



MPs are due to vote on an amendment to the Criminal Justice Bill to protect people from prosecution for having an abortion. The Royal College of Gynaecologists (RCOG) also released guidance in 2023 regarding prosecution of women (RCOG, 2023).

Telemedical provisions of care were made permanent in August 2022, creating a whole new model of care delivery, including safeguarding. This has continued to strengthen in the last year and emerging research evidences the strength of this model of care.

Since the introduction of telemedicine, most patients (89%) now access abortion care earlier (prior to 10 weeks) (OHI&D, 2022) and wait times have improved due to telemedicine (from 10.7 days to 6.5 day)(Aiken et al, 2021).

Safeguarding practice has had to rapidly change to meet the needs of the new service, and innovation has been progressive, using technology and remote solutions to meet the needs of patients at risk.

The world is changing, and so are the needs and wants of patients. Digital transformation requires technology to help healthcare professionals communicate better and enable people to access the care they need quickly and easily, when it suits them (NHS England, 2023).

Evidence shows that accessing in-person abortion services can be challenging for people with poor social support, living in poverty, or who are victims of violence at home (Aiken et al, 2018, Romanis et al, 2021). Without the option to access this care remotely, people may seek it unlawfully by purchasing abortion medications online, or are forced to continue an unwanted pregnancy (Aiken et al, 2018).

Research from Romanis et al (2022) found that people working in the sector felt that telemedicine has benefitted under 18 year olds, improving access and safeguarding intervention, and that under 18s were comfortable communicating using remote means.

There is insufficient evidence to assume that safeguarding cannot be done adequately during remote consultations. Safeguarding or its equivalent approach to patient wellbeing/safety are observable globally in telemedical model of care (Todd-Gher, 2020, International Federation for Gynaecology and Obstetrics. 202, Romanis et al, 2021). However, there are continued misconceptions that safeguarding and digital transformation combined with remote technology cannot align (Green et al, 2023).

BPAS data indicates the sensitivity of the safeguarding mechanisms at BPAS. The BIC safeguarding disclosure data shows that 97% of young people have no disclosed/ suspected safeguarding at booking. However, when they come for consultation and have a mandated risk assessment, we go on to complete referral/liaison for 55% to ensure their safety. This includes telemedicine and clinic appointments.

BPAS continues to have a low safeguarding threshold for telemedical patients, and uses key mechanisms, including:

- 100% of under 18 year olds are treated as possible safeguarding cases from the point of booking (see BIC section) to enable monitoring and follow up
- WhatsApp video call is used for all under 18 year olds
- 100% of under 18 year olds have a safeguarding risk assessment completed prior to treatment
- 100% of all under 16 year olds are seen face to face in their journey
- Specific ‘did not attend’ and ‘was not brought’ policy and process for higher risk patients
- A bespoke patient management system that uses technology to enable monitoring and follow up
- A smart solution via the electronic medical record (EMR) to request safeguarding team escalation and support
- Safeguarding screening tools, prompts and ‘red, amber, green’ ratings
- Age-specific safeguarding risk assessments
- Specialised risk assessments (such as the Domestic Abuse, Stalking and Harassment tool)

BPAS
British Pregnancy Advisory Service
Safeguarding

Promoting and advocating for patient safety and choice, free from coercion and fear.

BPAS is committed to continue the journey of safeguarding evolvement in order to benefit all people who need our support. Healthcare does not, and should not, stand still in order to meet the needs of our evolving patient population and communities. If safeguarding progress stands still and does not adapt, abusers will manipulate outdated systems to the detriment of victims/survivors.

BPAS will continue to demonstrate safeguarding maturity by evidencing a service that is well-led with a confident and competent workforce who provide safe care that is person-centred and is purposeful, agile and resilient. These standards underpin the BPAS safeguarding strategy and action plan.

To close the introduction, I wish to give a special thanks to all of the incredible team members at BPAS who strive every day to make the patient journey as supportive and seamless as possible. They receive disclosures from patients every day that are extremely emotive. From the domestic abuse survivor who is sharing their story for the first time, to the patient who is suicidal due to a rape and subsequent pregnancy.

Every person shows tenacity and resilience every day. The magic of BPAS is that we have staff with immense amounts of passion and dedication. We have been described as tenacious in our safeguarding by external partners. Any change in safeguarding that is to benefit the patient has been embraced with open arms by all. The patient is at the heart of everything that we do.

Definitions and abbreviations

- **Booking and Information Centre (BIC)** - BPAS's contact centre which is the first point of contact for all patients
- **Care Quality Commission (CQC)** - The independent regulator of health and social care in England
- **Child** - in England and Wales, a child is defined as anyone who has not reached their 18th birthday. In this policy, the term child will refer to patients under the age of 13 and to children associated with patients such as their own children, siblings etc.
- **Children and young people (C&YP)** - term used in key safeguarding policies when looking at safeguarding all under the age of 18 years. This includes under 18 year old patients but also other children, such as children related to a patient
- **Did not attend/was not brought (DNA/WNB)** - When a patient misses an appointment. These may indicate safeguarding concerns for some patients
- **Domestic abuse stalking and harassment (DASH)** - risk assessment tool to aid staff in identifying, support and referring high risk patients. It forms a referral to MARAC
- **Electronic medical record (EMR)** - this refers to the patients record where contacts and care are documented, known as CAS2
- **Multi agency risk assessment conference (MARAC)** - a meeting where information is shared on the highest risk domestic abuse cases. There are 270 MARACs operating across the UK. They are attended by representatives from police, health, child protection, housing, independent domestic violence advisors, probation and other specialists from the statutory or voluntary sectors
- **Pills by post and telemedicine** - The right to telemedical abortion care is now enacted in the Abortion Act 1967 and was made a permanent provision the Health and Care Act 2022. Telemedical abortion care is known in the sector and the NHS as 'pills by post' and will be used in this policy
- **Professional curiosity** - if there are reasons that a professional feels a patient is at risk, they are expected to use their professional judgement to liaise, escalate and refer
- **Young person** - due to the nature of the services BPAS provides, the majority of patients seen are pubescent. Consequently the term 'young person' will be used for those seeking abortion care in this policy who are over 13 years of age

In-year summary of successes

- The CQC inspection occurred in February 2023 with the report published in June. In the inspection the CQC reviewed the safeguarding transformation plans detailed in this report. They commented that:
  - Safeguarding was supported by the Head of Safeguarding since August 2022, who had significant experience working within the field
  - Safeguarding processes, procedures and learning were effective and supported clients to report and seek help when needed
  - The safeguarding C&YP policy was in the process of being updated and was much-improved
  - The changes in the safeguarding team were beginning to change practitioner perception regarding their own responsibilities in terms of safeguarding
  - The team supported frontline staff professional curiosity in their discussions with vulnerable children and young people
  - The safeguarding system resulted in better information sharing between national hubs so that local and national themes could be understood
  - Supervision followed a reflective model, which included assessment of case files, and there was a stronger emphasis on compliance

We thank the CQC for their feedback as it enabled us to know that the transformation plan was appropriate

- A business case for an increased safeguarding team was submitted in June 2023 and was successful. By February 2024, the full safeguarding team was in place. The professional knowledge, skills and experience within the new team is unique to sector and is something we are extraordinarily proud of
- The safeguarding C&YP policy was reviewed and launched in April 2023. There was a series of webinars with over 150 staff attending. An increase in referrals/ liaison evidences that the policy has been effective and has had a positive impact on the way BPAS work together with partner agencies
- An increase in maternity services referrals/liaison reflects strengthening pathways with local maternity services and evidences the DNA/WNB policy has being effective in ensuring robust referral pathways
- The safeguarding team trained as DASH train the trainers and a package was designed and implemented. Ther was a 230% increase in referrals to the MARAC evidencing that the training has impacted the ability of staff to identify, assess and intervene in high risk domestic abuse cases
- The under 13 year old pathway was written in collaboration with a Named Doctor for Safeguarding and child protection paediatrician within a commissioning ICB demonstrating great collaborative working
- The BIC transformation project was launched in May 2023. This project has been successful with over 800 people per month receiving safeguarding support/ intervention (3% of patients). It supports the 'golden thread' of safeguarding, that is part of the trajectory of all patient care, from first point of contact until discharge

Case study

In order to share the work that BPAS does, it is a real, anonymised case study will be used.
This is the story of Casper (not their real name).

Casper is 12 years old. Her mum calls into the BIC and shares that her daughter has been raped by a family member and that she doesn't know what to do. She is extremely distressed on the call.

The case is triaged as a 'red' or urgent case immediately. This is in line with the:

- BIC safeguarding standard operating procedure
- BPAS safeguarding C&YP policy
- Appendix: Flowchart for the management of under 13 year old patients
- Sexual Offences Act (2003) which underpins all guidance

This process sees the BIC advisor seek immediate support from a safeguarding specialist and a manager. The advisor is coached by the safeguarding specialist whilst on the call to obtain pertinent information and to avoid frightening the caller and dropping the call. An urgent appointment is booked for Casper within 24 hours.

Casper is spoken to on the call and she reports being safe and well. She is clear she does not want to be pregnant or to have a baby. Her mother is informed of the appointments and the need for referrals to be made to safeguard Casper.

The safeguarding specialist contacts the police and children's services immediately. The local Designated Nurse for Safeguarding Children is also informed. The police go to Casper's home immediately to ensure her welfare and ensure she is protected from the perpetrator.

The call is very emotive and debrief is implemented immediately for the team members involved. Safeguarding supervision is also offered within the next 48 hours.

An internal strategy meeting is arranged prior to Casper's appointment next day. This sees the Head of Safeguarding, Named Doctor for Safeguarding, Regional Safeguarding Specialist Midwife (SSM), BIC Safeguarding Specialist and the treating clinics clinical and operational leadership staff attend.

The case is discussed and plans are made to prepare for her appointment the next day. This includes:

- Allocating a dedicated and experienced clinician
- Planning relevant documentation (including easy read information) and assessments
- Managing the operational flow of the clinic to enable time and space to support Casper
- Giving clear escalation routes to the safeguarding team
- Sharing the multi-agency details, roles and escalation points
- Ensuring that the safeguarding team coordinate the multi-agency communication
- Debrief and supervision offered to staff by the safeguarding team after the appointment

Following this meeting BPAS request for children's services to hold an strategy meeting once her appointment is completed and the pregnancy is confirmed and gestation is known.

Case study (Cont'd)

Casper is seen the next day and is confirmed to be over the legal limit for treatment. She is 30 weeks' gestation. Casper is seen alone to enable her voice to be heard. Casper is very distressed and voices that continuing the pregnancy will be the end of her life. She is afraid of being pregnant and having a child, she does not want to have a child with the perpetrator, she dreams of getting her GCSEs and being a vet.

Casper's Mum is also distressed at the news and breaks down. She begs for help for her daughter. Reassurance is given to both that we will do everything we can to support them, and we will keep them updated throughout the next few days, alongside the multi-agency partners.

The urgent external strategy meeting is held on the same day to update the multi-agency team on the necessary next steps.

As the perpetrator is a direct family member, medical advice is given from the BPAS clinical team in regards to next steps and possible treatment under Ground E of the Abortion Act (1969), that there is 'substantial risk that, if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped' and Ground G of the Abortion Act (1969) that it will 'prevent grave permanent injury to the physical or mental health of the pregnant woman'.

BPAS co-ordinates the onward abortion care for Casper, working closely with the police, children's services and the NHS to ensure that she is safe and supported throughout. Forensic evidence is considered and plans made for collection throughout. The pregnancy is successfully ended.

Safeguarding governance

A New Safeguarding Structure

In 2022-23, a business case was submitted by the Head of Safeguarding to increase the safeguarding resource and expertise at BPAS. This was in response to growing patient numbers and increasing complexity in safeguarding.

It was deemed vital that the safeguarding function grows in order to support patients who needed extra time and care. It was also equally as important that BPAS had specialist safeguarding staff in place to support colleagues who were regularly facing disclosures regarding trauma and harm.

The business case was successful and BPAS demonstrated its commitment to improving the safeguarding offer for all. The business case saw the safeguarding team grow from a team of 3 to a team of 10 specialist practitioners from a multi-disciplinary background.

Recruitment began in October 2023, and the candidates started in post between November 2023 and February 2024. The professional knowledge, skills and experience within the new BPAS safeguarding team is unique and is something we are extraordinarily proud of.

Meet the amazing BPAS safeguarding team!

Alice Fairman
Safeguarding Specialist Midwife - Southwest

Alice Fairman

Alice has been a midwife since 2012, working in the community with complex and safeguarding caseloads. In 2016 Alice became the safeguarding midwife for the Cardiff and Vale Health Board and has significant experience in leading safeguarding assurance and transformation.

Alice prides herself on being an authentic and approachable midwife but she apologises in advance if one of her two rescue cats makes a guest appearance!

Amanda Shurvington

Amanda has been an independent advocate specialising in child protection, mental health, learning disabilities and autism. She worked for the local authority in their multi-agency safeguarding hub (MASH) working closely with the police regarding domestic abuse.

Amanda is a wife and mother of two, and is a trustee for two charities, pulls a decent pint and loves rugby, reading and music!

Amanda Shurvinton
Safeguarding Lead BIC

Amy Bucknall
Head of Safeguarding

Amy Bucknall

Amy is a children's nurse, health visitor and has a MSc in public health. Her research on teen pregnancy and safeguarding was published in the Journal of Advanced Nursing. She was the UK Named Nurse for MSI Choices and the Designated Nurse for Safeguarding for NHS Wales. She has also been a lecturer practitioner at KCL.

Amy loves to travel the world and spends every minute dreaming and planning her next island adventure!

Anagha Patil

After completing her medical training, Anagha pursued a Diploma in Medical Informatics and Sexual and Reproductive Health. She brings an incredible skill set regarding IT solutions and healthcare. Anagha has also worked in both A&E and sexual health settings.

She is a proud mother of two daughters, with her eldest following in her medical footsteps. Showing her nurturing nature, Anagha also has a passion for indoor plants (taking care of 70 of them!)

Anagha Patil
Deputy Named Doctor for Safeguarding

Carla Fletcher
Safeguarding Specialist Midwife - Support Services

Carla Fletcher

Carla is a dual registered Midwife and specialist Public Health Nurse (Health Visitor) and previously worked as a Safeguarding Midwife within the NHS in the Midlands. Safeguarding the unborn, children and adults has always been a passion for Carla and been driver factor in her career.

Outside of work, Carla enjoys spending time with her family and friends, and trekking in the great British outdoors.

Cindi Fraser-Langton

Cindi is a Midwife with an interest in academia. Her literature review titled 'The Midwife's Role in Suicide Prevention' was released published in the BMJ. She began her Doctorate in 2021 to explore the historical context of midwifery and experience of women with complex social and mental health needs when accessing maternity care.

Cindi is a proud mama of a beautiful 1 year old daughter and 6 year old Siberian Husky and is a professional singer!

Cindi Fraser-Langton
Safeguarding Specialist Midwife - Northeast

Emma Bell
Safeguarding Specialist Midwife - Southeast

Emma Bell

Emma has been a Midwife for nearly 15 years and specialised in safeguarding for 9 of those. She was the Named Midwife for safeguarding in a trust in the South East. She has worked in a child protection suite, and has completed training in perinatal mental health.

Emma sings in a choir and had a record contract with Sony in 2001 with her band with her besties: 'The Bush The Tree & Me' (find them on Spotify!). Nowadays she loves walking holidays, with her two crazy cockapoos, Ralph and Minnie.

Heidi Robinson

Heidi qualified as a Midwife in 2015, working on labour ward and in the community with vulnerable groups. She has a background in finance and operations management which she applies to governance and assurance at BPAS.

She has 3 children aged 15, 13 and 4 and she loves city breaks, holidays to France with the family, and nights with cheese and fine wine, friends and good music!

Heidi Robinson
Safeguarding Specialist Midwife - Midlands

Jacqui Cashmore
Safeguarding Administrator BIC

Jacqui Cashmore

Jacqui worked in the NHS as a Community Nursing Assistant for patients with additional needs requiring respite. She worked in the USA as a live-in nanny, and volunteered as a candy striper in the local children's hospital!

Jacqui's passion is interior design and she has her own successful business. She also loves food, music, her husband, and their holiday home on the Dorset coast.

Julie Miller

Julie has worked in the NHS as a Consultant Paediatrician, as a Perinatal Psychiatrist and as a Specialty Doctor in Sexual Health and Abortion Care.

Her two main hobbies are performing her own stand-up poetry and knitting; she uses a pseudonym when undertaking one of these pastimes. She has worked freelance in publishing and is a qualified copy editor and proofreader.

Julie Miller
Named Doctor for Safeguarding

Louise Critchley
Safeguarding Specialist Midwife - Northeast

Louise Critchley

Louise qualified as a Midwife 10 years ago. She spent the last 6 years at Liverpool Women's Hospital in the Safeguarding Team. Her favourite area of safeguarding is domestic abuse, and particularly training and empowering staff to become comfortable and confident dealing with high-risk disclosures.

When she's not at work Louise loves quality time with her family (and her dogs!) and enjoys family holidays, making life-long memories.

Valencia Anderson

Valencia qualified as a Midwife in 2017, and worked as an inpatient, community and continuity of care Midwife. She was the Named Midwife for Safeguarding Children at an NHS Trust in the West Midlands. Prior to training as a midwife, Valencia worked for Barnardo's and Action for Children.

Valencia is a married 'mom' (because she's from the Black Country!) of two sons, and looking forward to celebrating her 20th wedding anniversary this year.

Valencia Anderson
Safeguarding Specialist Midwife - Telemedicine

The new structure has been a real success at BPAS. Feedback has included:

> *Over the last 6 months the BPAS Safeguarding structure has grown with the SSM role. It is assuring to see specialist expertise close to the ground. Early indications from meetings demonstrate that local clinical staff are using the service, recognising safeguarding concerns and know where to get support in a speedy manner. Case examples show safeguarding is embedded within local BPAS processes. Continuation of the role will further strengthen BPAS safeguarding provision.*
>
> ICB Designated Nurse for Safeguarding

> *It makes such a difference to us during a busy clinic to have someone who is very responsive and supportive to go to for help, without any judgement. That they can step in and find additional support info for the patient is really appreciated.*
>
> BPAS Treatment Unit Manager

> *I speak on behalf of the full triumvirate when I say a massive THANK YOU for all your hard work regarding safeguarding. You have taken on this new role with passion and courage and shaped it into a well-structured and supportive position. Your presence in the clinics has been valued and your guidance and support has been appreciated. Your audits this month were of high quality – including within the documentation and the verbal feedback to the teams.*
>
> BPAS Quality Matron

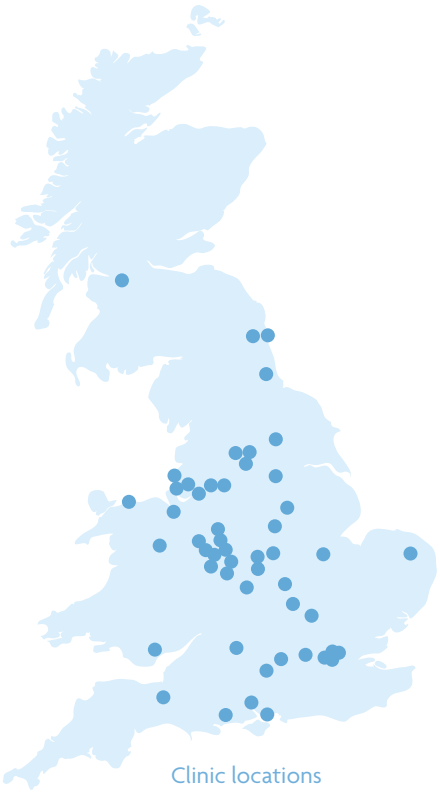
Safeguarding Reporting

BPAS is a large, national organisation. We cover England and Wales with over 80 different areas that support the patient journey. The image of the map shows the BPAS service locations. This includes; clinics, telemedical hubs, mobile units, the BIC, counselling and aftercare services.

To support assurance reporting, the safeguarding team has been further structured to provide oversight to specific divisions. The previous section demonstrates the team members divisions.

The divisions include:

- North West: Chester, Manchester East, Manchester West, Dudley, Telford, Llandudno, Merseyside, Warrington, Liverpool City, St Helens, Powys
- North East: Doncaster, York, Dewsbury, Bradford, Middlesbrough, Newcastle-upon-Tyne, South Shields, Nottingham East, Nottingham City
- Midlands: Birmingham Central, Birmingham South, Leicester City, Northampton, Milton Keynes, Sandwell, Walsall, Wolverhampton, Stratford-Upon-Avon, Nuneaton
- South East/London: Mobile unit, Finsbury Park, London East, London Clapham, Luton, Norwich, Peterborough, Reading, Swindon
- South West: Bournemouth, Cardiff, Portsmouth, Basingstoke, Southampton, Richmond, Taunton
- Telemedicine: Richmond hub, Doncaster hub, Leamington Spa hub, Bournemouth hub, Birmingham hub
- Support services: Aftercare, BIC, counselling



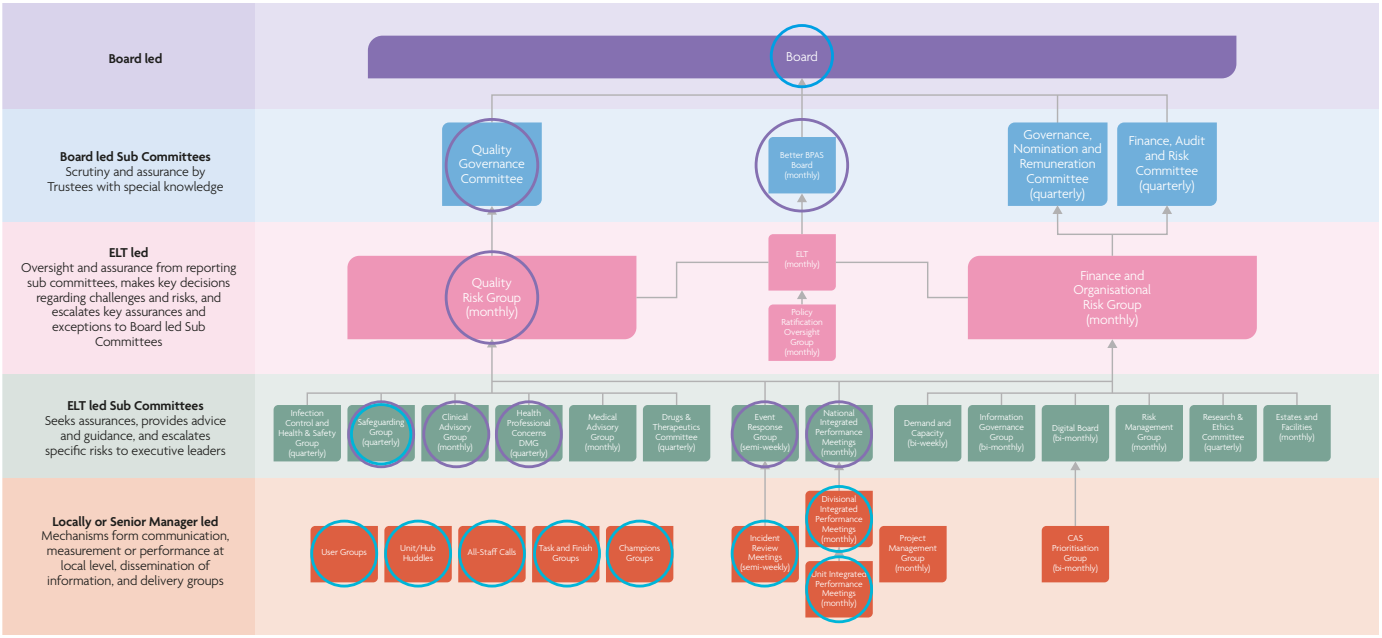
Clinic locations

Each safeguarding specialist midwife (SSM) manages their divisions safeguarding assurance and this is reported to the Head of Safeguarding (HoS), who reports into the Director of Midwifery, Nursing and Quality (Executive Lead for Safeguarding). This ensures that safeguarding exceptions and risks are routinely heard at board level.

The SSMs are expected to work closely alongside clinical and operational leads at the local level at ensure that safeguarding is meeting the required standards. This includes review and management of safeguarding:

- Training (delivery and compliance)
- Supervision compliance (delivery and compliance)
- Multidisciplinary liaison/networking
- Audit
- Incidents
- Risk register

The SSMs attend key local and divisional meetings where safeguarding is always an agenda item. The infographic on page 16 shows the meeting structure at BPAS. The meetings circled shows the flow of safeguarding assurance form 'floor to board'. The light blue circles denote the SSMs meeting attendance. The purple circles denotes the HoS meeting attendance, The dark blue circle represents the Executive Lead for Safeguarding.



In the next year, the SSMs will be developing divisional reports to strengthen assurance in line with the new structure. These will be presented at the quarterly safeguarding group. They will create divisional horizon scanning and action plans. They will also strengthen national learning and sharing of good practice and lessons learned.

Action 1:

Development of divisional safeguarding reports that are reported at the safeguarding group meeting

Safeguarding Audits

The safeguarding audits have been historically completed at a local level by leadership staff. With the new structure in place, the SSMs took over the audits at a local level in March 2024. The previous audits had been in place since the 2021. By taking over the audits, the SSMs were able to test and evaluate the previous audit tools and cycle to assess its current effectiveness.

The review of the audits identified that changes were required to further strengthen the audit process. This included:

- The creation of specific audit tools for specific service areas to improve the specificity of the audit
- Removing the safeguarding audit from the local audit cycle and creating a bespoke safeguarding audit cycle, led by the safeguarding team
- A new audit dashboard that enables national review of themes and trends

The new audit cycle and associated tools will be launched in July 2024.

Action 2:

Development of a new safeguarding-specific audit cycle and tools to strengthen independent scrutiny of services

Safeguarding activity

The BIC

The BIC is the main contact centre for all people who are exploring their pregnancy options. It sees people access support and appointments via telephone and through the website appointment request forms. The BIC is exceptionally busy, with 352,525 people making a contact each year.

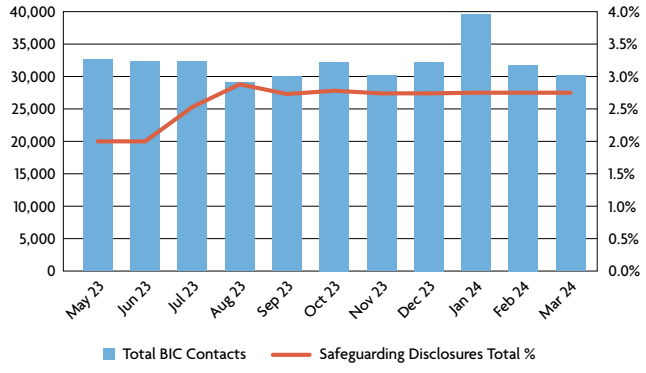
In May 2023 a transformation project was launched in the BIC to review the safeguarding processes within the area. This included a standard operating procedure, safeguarding scripts and escalation processes. There was also recruitment of dedicated safeguarding specialists who sit within the department. This enabled BPAS to increase assurance in the initial triage and monitoring of people who are at risk of harm.

It supports the 'golden thread' of safeguarding, that is part of the trajectory of all patient care, from first point of contact until discharge. We make every effort to 'make every contact count' from booking onwards.

The graph: total BIC contacts and safeguarding disclosures demonstrates the total BIC contacts (including telephone and website requests) and the safeguarding disclosures made since its launch. Safeguarding disclosures include direct disclosures and suspected safeguarding concerns (for example, hearing someone being abused).

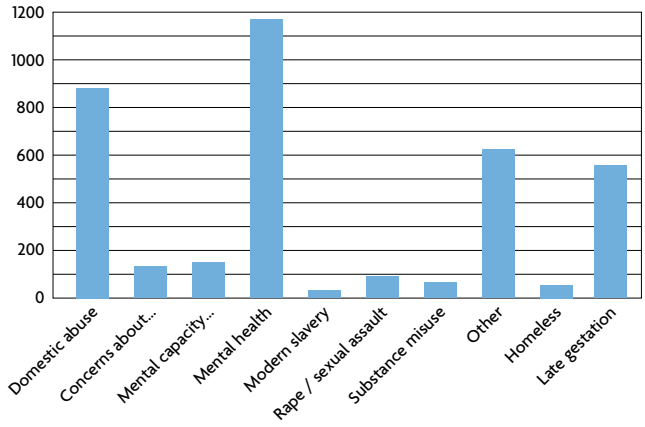
The data has demonstrated that, on average, 3% of people contacting BPAS make a safeguarding disclosure. This is around 837 people per month.

Chart: Total BIC Contacts and Safeguarding Disclosures



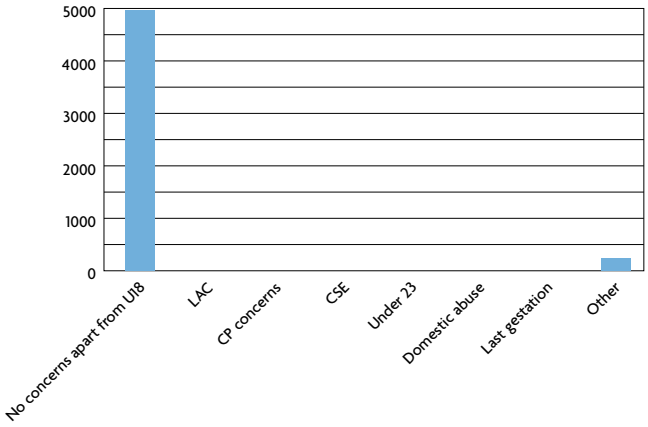
The themes of the disclosures at the BIC are dependant on the age of the person. The following graph 'BIC Safeguarding Adult Disclosures', demonstrates that mental health (42%) and domestic abuse (30%) represent the majority of the disclosures.

Graph: BIC Safeguarding Adult Disclosures



For young people, 100% of under 18 year olds are treated as possible safeguarding disclosures at the BIC. This enables BPAS to monitor attendance and appointments for young people who may need additional support and referrals. The below graph 'BIC Safeguarding Under 18 Year Disclosures', demonstrates the reason for safeguarding. The data shows that the majority of young people (97%) have no safeguarding concerns apart from being under 18 years of age.

Graph: BIC Safeguarding Under 18 Year Disclosures



Safeguarding Adults

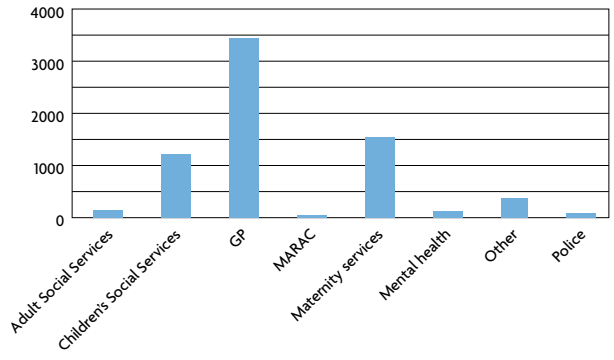
In 2023-24, 118,459 of the patients treated were adults (over the age of 18). It is a consistent year-on-year trend that 97% of patients who access BPAS for care are adults.

Of the adults we supported in 2023-24:

- 12% required a full safeguarding risk assessment, after initial safeguarding screening indicated concerns
- 6% required onward referrals or liaison to ensure that they were safe. This was an increase from 4% in 2022-23

The below graph 'Safeguarding Adults Referral/Liaison 2023-24', shows the agencies that BPAS refer or liaise with in order to safeguard adults at risk.

Graph: Safeguarding Adults Referral/Liaison 2023-24



The agency that we most contact for adults at risk continues to be the GP (50% of referrals/liaison). This accounted for 55% of referrals last year.

The data for this year has shown that maternity services is the second most referred to agency with 23% of referrals/ liaison. This has been an increase from 12% last year. Last year we referenced that 'we expected that maternity referrals ad liaison may increase in the year ahead, following the implementation of a DNA/WNB policy'. This increase in referrals/liaison reflects strengthening pathways with local maternity services and that the DNA/WNB policy has been effective in ensuring robust referral pathways to improve how we work with our maternity colleagues.

Last year we set an action that 'DASH risk assessment training would be implemented to aid staff in identifying, support and referring high risk patients'. The DASH risk assessment supports identification and intervention for high risk domestic abuse victims. The training package was implemented in October 2023 (see 'Training' section for more information).

In 2023-24 there were 53 MARAC referrals for adult patients. This was an increase from 16 in 2022-23. This evidences that the training has positively impacted the ability of staff to identify, assess and intervene in high risk domestic abuse cases.

Safeguarding Children and Young People

In 2023-24 3,739 patients under the age of 18 were treated at BPAS. This continues to account for 3% of overall patients.

Of the young people we supported in 2023-24:

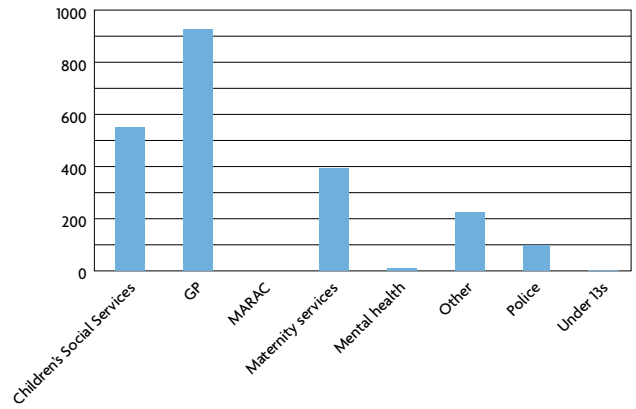
- 100% received a full safeguarding risk assessment, as per the safeguarding children and young people policy
- 55% required onward referrals or liaison to ensure that they were safe. This was an increase from 37% in 2022-23

The safeguarding C&YP policy was reviewed and re-launched at BPAS in April 2023. There was a series of webinars where over 150 staff attended, and the recordings were held on the training platform for access. The increase in safeguarding referrals/liaison evidences that the policy has been effective and has had a positive impact on the way BPAS work with partner agencies.

It continues to be evidenced that BPAS take every effort to ensure that young people who access the service are safeguarded where necessary. The data evidences that the safeguarding risk assessments are completed without exception, and they support us in making more referrals/ liaison to safeguard when it is required. This is in line with the Royal College of Paediatrics and Child Health (2022).

The below graph 'Safeguarding C&YP Referral/ Liaison 2023-24', shows the agencies that BPAS refer or liaise with to safeguard young people at risk.

Graph: Safeguarding C&YP Referral/Liaison 2023-24



The agency that we contact most for young people at risk continues to be the GP (41% of referrals/liaison). The second most common agency referral/liaison is to children's services, which equates to 30% of referrals. This has remained consistent with last year's data.

It is important to note that the data suggests the sensitivity of the safeguarding mechanisms at BPAS. The BIC safeguarding disclosure data shows that 97% of young people have no disclosed/suspected safeguarding at booking. However, when they come for consultation and have a mandated risk assessment, we go on to complete referral/liaison for 55% to ensure their safety. This includes telemedicine and clinic appointments.

BPAS supported 3 under 13 year old patients, a slight reduction from 5 last year. These all follow the under 13 year old patient process, that has been strengthened in the safeguarding C&YP policy. This was written in collaboration with a Named Doctor for Safeguarding and child protection paediatrician within a commissioning ICB. The case study section shares how this process works across all departments of BPAS.

Policy and procedure

Policies reviewed in-year

A number of new policies and procedures were reviewed in the year. All new policies receive an impact assessment after launch to ensure they are embedded and having the necessary impacts to patients and staff.

The below table 'Safeguarding Policies and their Impact', shows the policies and processes launched and their associated impacts. All safeguarding policies are launched using webinars or podcasts to engage staff.

Table: Safeguarding Policies and their Impact

Policy Title	Date Launched	Evaluation/Impact Assessment
Safeguarding children and young people policy	April 2023	• Increase in safeguarding referrals/liaison to external agencies (from 37% to 55%) • Increased referrals to maternity services seen for children and young people for possible continuing pregnancies (from 12% to 15%) • Reduced incidents associated with children and young people
Mental health crisis standard operating procedure	June 2023	• Reduced incidents associated with patients in mental health crisis
Safeguarding supervision policy	February 2023	• Safeguarding supervision compliance (to mandated twice yearly sessions for all clinical staff) is 80% • Safeguarding supervision is transitioning from group online models to 1:1 and in person sessions. This has been positively evaluated by staff (see training and supervision section)
The management of patients who DNA or WNB to appointments policy	November 2022	• Increased referrals to maternity services seen for adults for possible continuing pregnancies (from 12% to 23%) • Increased referrals to maternity services seen for children and young people for possible continuing pregnancies (from 12% to 15%)

Policies pending review

In 2023-24 there are a number of policies scheduled for review. These include:

- Safeguarding adults at risk policy (review for launch July 2024)
- Safeguarding allegations against BPAS staff or persons in a position of trust (review for launch September 2024)

There are a number of policies and processes that are necessary following incidents, lesson learnt, service development. These include:

- Female genital mutilation: standard operating procedure (new for launch July 2024)
- Management of patients presenting at 20+ weeks gestation or unable to have abortion before legal limit: standard operating procedure (new for launch July 2024)
- Safeguarding BPAS staff policy (new for launch December 2024)

Action 3:

Review outstanding policies and develop new policies and procedures to strengthen safeguarding governance

Training and supervision

Training Needs Analysis

In April 2023 the Training Needs Analysis (TNA) was reviewed to ensure that it was aligned to the Royal College of Nursing (RCN) intercollegiate documents for:

- Children and young people (RCN, 2019)
- Adults (RCN, 2018)
- Looked-after children (RCN, 2019)

A new training platform called 'BPAS learn' was launched in October 2023. Work occurred with the training and development team to ensure that the revised TNA was mapped to ensure the mandated hours and included the necessary courses.

As part of the TNA, a number of new packages were developed and older packages reviewed. The below table 'Safeguarding Training', shows the safeguarding courses in place at BPAS and the associated compliance, review dates and the TNA review. BPAS targets that all course are above 85% compliance. Areas that are not achieving compliance are continuously reviewed by the SSMs and local leads to ensure actions are in place.

In February 2023, staff were given a financial incentive to complete outstanding training and this may be repeated within the following year to improve compliance where required.

Table: Safeguarding Training

Training package	Compliance	TNA review	Associated dates
Safeguarding level 1	0%	New package written, separated from previously combined level 1 and 2 course	April 2024
Safeguarding level 2	96%	Revised package launched November 2023	November 2023
Safeguarding level 3	90%	New package being reviewed. To include face-to-face and virtual sessions.	July 2024
Safeguarding level 4	100%	External provider	N/A
Safeguarding level 5	100%	External provider	N/A
Prevent duty (level 2)	96%	No change	N/A
Workshop to raise the awareness of prevent (WRAP) (level 3)	88%	New course	October 2023
Female genital mutilation	96%		
Domestic Abuse (level 2)	71%	New course	October 2023
Domestic abuse (level 3)	65%	New course	October 2023
DASH risk assessment	78%	New course	October 2023
Mental capacity act	97%	No change	N/A
Oliver McGowan	89%	New course	October 2023

Last year we set an action that 'domestic abuse stalking and harassment (DASH) risk assessment training would be implemented to aid staff in identifying, support and referring high risk patients'. The DASH risk assessment supports identification and intervention for high risk domestic abuse victims.

The SSMs have been trained as DASH trainers, and a training package was implemented in October 2023. This was alongside separate Home Office domestic abuse packages.

The DASH training package has been well evaluated with staff with 83% of scoring their knowledge/confidence of DASH and MARAC as between 2 and 3 out of a score of 5. After the course 100% scored their knowledge/confidence as between 4-5 out of a score of 5.

In 2023-24 there were 53 MARAC referrals for adult patients. This was an increase from 16 in 2022-23. This evidences that the DASH training is having the necessary impact. We aim in 2024-25 to extend the training to more staff members.

Action 4:

All clinical staff to be trained in DASH risk assessment

Evaluation of Training

All BPAS safeguarding training packages are evaluated by each participant. Positive evaluation for sessions include:

> ***Level 3:** I really enjoyed the session, the update and the scenarios as this really makes you think of the skills and knowledge that you already have and what information and resources are available.*

> ***DASH:** The session was great - really interactive and everyone had the chance to contribute. I feel in using this model I was able to hear others views and gain a different perspective on certain situations - it gave me moments where I thought "Ohhh I wouldn't have thought about that" - overall a great learning experience.*

> ***Level 2:** Knowledge and confidence. Also the importance of documentation and a multi-disciplinary approach and communication*

In safeguarding training we use the evaluation to take a 'you said, we did' approach. We want training to work for staff so that they get the most from it.

There were areas for improvement in training suggested in 2022-23 (which was included in the annual report). The below table 'Training Evaluation and Actions', demonstrates the 'they said, we did' approach taken to improvement.

Table: Training Evaluation and Actions

They said...	We did...
'I felt it was useful and informative. I do miss the face-to-face training sessions, especially when working from home'	Level 3 training packages to be delivered face-to-face in the regions with the new safeguarding team in place. Planning is in place for the launch in 2024
'I think supervision should be booked as a session not added onto level 3. I like to be able to attend drop in due to time constraints on list in clinic/hub	Supervision sessions removed from level 3 training packages and are separately booked. They are delivered in group and face-to-face sessions to give staff choice
'It would be nice to have something more relevant to a non-patient facing role for hub admins'	Leel 2 package has been revised and has been developed with specific case studies to meet the needs of non-patient facing and non-clinical roles
'Maybe do it on Teams, not Zoom, as appears to be problems with verbal connections etc.'	All virtual training sessions are now held on Microsoft Teams

This year overall feedback from training has been around 3 themes:

> *I'd like to see more in-depth discussion about things that we don't come across very often (i.e. FGM) and are therefore likely to forget in between cases as they're not so frequent*

> *Face-to-face training as I have a learning disability, training online is much harder'*

> *More real case studies and advice on what was done well in complex mental health cases*

> *Examples of how to complete a MASH/MARAC referral form would be great*

These have been included in the plans for 2024-25 which includes:

- Face-to-face level 3 training to be implemented in 2024 along with virtual training offer to give staff choice of leaning and location. This hopes to meet different learning styles and accessibility needs
- Wider roll out of DASH training for all clinical staff and to include it within level 3 training packages to create a golden thread of domestic abuse
- Creation of specific perinatal mental health training packages to support staff and to align with the mental health crisis SOP
- Continuation of the 'building blocks' approach to safeguarding with a portfolio of guest speakers delivering sessions/webinars/podcasts held on BPAS learn. This is to enable staff to have choice and control about the specific learning they need. To request staff feedback on what specific session they need

Action 5:
Face-to-face safeguarding training packages to be put in place

Action 6:
Creation of specific perinatal mental health training packages to support staff and to align with the mental health crisis SOP

Action 7:
Continue to build the 'building blocks' approach to safeguarding with a portfolio of guest speakers delivering sessions/webinars/podcasts held on BPAS learn on subjects suggested by staff

Safeguarding Supervision

Safeguarding supervision had undergone a period of rapid transformation. This includes:

- The safeguarding supervision policy was launched in February 2023
  - All clinical staff and those in enhanced roles must have twice yearly supervision
  - Ad-hoc supervision is available to all and is responsive (within 48 hours working hours of request)
- The new safeguarding structure was implemented (with regional SSMs in place)
- All safeguarding supervisors are NSPCC trained supervisors to ensure quality/consistency of supervision
- Supervision transitioned from only group online models to 1:1 and a blend of virtual and in person sessions enabling staff choice
- Safeguarding supervision compliance monitoring transitioned onto the BPAS Learn platform in October 2023

> *The session was great - really interactive and everyone had the chance to contribute. I feel in using this model I was able to hear others views and gain a different perspective on certain situations - it gave me moments where I thought "Ohhh I wouldn't have thought about that" - overall a great learning experience.*

Safeguarding supervision compliance is currently 80% nationally. There is allocated resource to ensure that supervision meets the targeted 85% compliance levels by quarter 1 of 2024-25.

Evaluation of supervision has included:

> *Thank you for today's safeguarding supervision. I found it to be the best one I've attended, you directed it very well and were very informative and supportive.*

> *Was comforting to know that others have had similar experiences to mine and have dealt with in a similar way*

Previous issues noted in last year's report about low clinical staff attendance at supervision has resolved and all clinical staff now attend supervision twice yearly without exception. This is a priority for all staff at BPAS, and the operations teams have worked hard to ensure that clinical staff have supervision included within their rotas.

Incidents and lessons learnt

Incidents for safeguarding are reported through the Datix system. Every safeguarding incident is reviewed by the safeguarding team. This includes external incidents/reviews such as serious case reviews, child/adult practice reviews, domestic homicide review, rapid reviews and inquests.

In the year, a thematic review of incidents occurred and indicated that a review of the incident categories on the Datix incident reporting platform was required. The categories were updated in April 2023 after a pilot with staff members to test the understanding and effectiveness of them. they have improved incident reporting and categorisation.

Patient Safety Incident Response Framework (PSIRF)

BPAS is transitioning to PSRIF in August 2024. PSIRF represents a significant shift in the way the BPAS responds to patient safety incidents and is a major step towards establishing a safety management system across the organisation.

PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

We welcome the transition to a psychologically safe process that enables engagement and involvement for those affected by incidents. It is important, for safeguarding incidents in particular, that staff have space for reflection in situations that can be complex, chaotic and emotive.

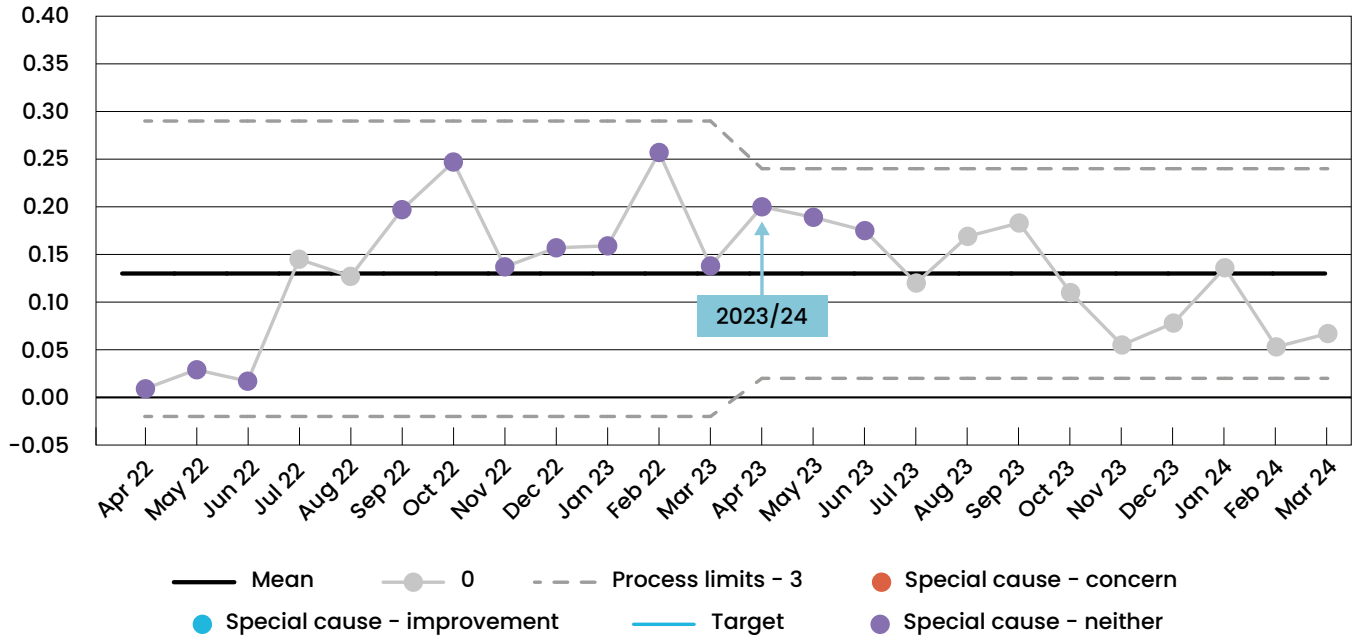
Action 8:

BPASs transition to PSIRF will include all safeguarding PSIs. Internal and external safeguarding incidents will include staff debrief, learning events and 7 minute briefings

Safeguarding Incidents 2023-24

Safeguarding incidents reported at BPAS have seen significant changes when compared to 2022-23. The below graph 'Safeguarding Incidents Compared to Total Patients Treated', demonstrates the number of safeguarding incidents reported in comparison to patient appointments.

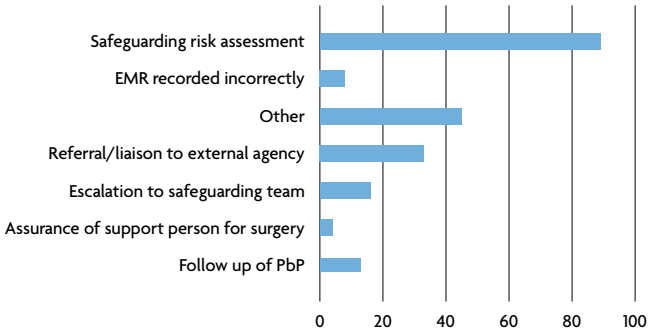
Graph: Safeguarding Incidents Compared to Total Patients Treated



In 2023-24, the average incident rate for safeguarding when compared to patient appointments sits at 0.13%, with an expected variation rate between 0.02% and 0.24%. This has reduced slightly from 0.12% last year. After periods of statistically significant variation in 2022/23, starting low, finishing high and continuing into the start of 2023/24, performance stabilised with wide control limits of 0.019% and 0.237%, compared to 0% to 0.291% for the previous year.

The majority of safeguarding incidents (62%) were under the category of 'delay or omission of safeguarding process/action/intervention/referral'. The action not completed in most cases of delay or omission of safeguarding process/action/intervention/referral' (42%) was the safeguarding risk assessment for adults (completed in 100% of cases of cases for C&YP). The opposite graph 'Action Not Completed in the Delay or Omission of Safeguarding Process/Action/Intervention/Referral', shows the actions not completed.

Graph: Action Not Completed in the Delay or Omission of Safeguarding Process/Action/Intervention/Referral'



In 85% of case the patients care pathway proceeded without concern, and safeguarding risk assessments/external referrals were made within the required timeframe. 10% had an 'other' outcome which included actions such as patient liaison, new local process implemented. All incidents were investigated and direct support included debrief and supervision given to the staff members.

At BPAS, every adult patient receives safeguarding screening questions and then if indicated, the safeguarding risk assessment should be completed. In the incidents reported, staff had not completed the risk assessment when indicated, or had not documented why it is/is not indicated. This is not an issue for under 18 year old patients as the system automates the form be completed.

To address this theme, the safeguarding adults at risk policy (due for launch in July 2024) will have specific sections about screening, risk assessment and record keeping. The safeguarding adults at risk policy will also strengthen key themes in safeguarding adults such as domestic abuse, mental health, care experienced adults. This will support staff in assessing complex disclosures.

There are also plans to review the patient EMR so that specific risk assessments are signposted according to the screening questions answers. This will provide prompts to help staff when dealing with complex and emotive subject matters.

The next most common category was 'other' at 17%. Work will be implemented in the year to look at the incidents in this category and to review if additional categories required to support accurate reporting.

Action 9:

Review the patient EMR and safeguarding risk assessments for adults at risk

Action 10:

Review the 'other' category of Datixs and strengthen categorisation to support accurate reporting

Patient Safety Incidents Investigations (PSIIs)

There were 5 safeguarding PSIIs in the year. The themes of the PSIs are shown in the table below:

Table: PSI Themes and Actions

Number of PSIs	Theme	Actions
2	Management of sexual abuse and forensic evidence for under 18 year olds	Safeguarding C&YP includes specific section on sexual assault management and working with police and sexual assault referral centres. Learning event planned with 7-minute briefings for staff
2	Safeguarding policy/process not followed out of hours	Out of hours escalation process relaunched for BIC with new flowchart to guide staff on seeking internal and external support
1	Duplicate record created for a patient with domestic abuse concerns after address change	Linking patient records task and finish project due for launch in June 2024. This will enable continuous health records Learning event planned with 7-minute briefing for staff

External Safeguarding Incidents and Reviews

There have a number of external reviews that BPAS have supported within the year.

Case 1 (Rapid Review):

Notified of a stillborn infant born following an alleged domestic abuse incident. Patient was a known domestic abuse victim for many years. Patient sought abortion care in previous weeks but had decided to continue pregnancy. Extensive referrals had been made to police, children's social care, GP, maternity services and domestic abuse services. BPAS commended in the Rapid Review for 'tenacious safeguarding and multi-agency working'. No further reviews declared. No actions for BPAS.

Case 2 (Child Death Overview Panel (CDOP):

Notified of the death of a neonatal infant following birth at 24 weeks. Patient sought abortion care in previous weeks but had decided to continue pregnancy. Mental health issues. Extensive referrals had been made to children's social care, GP, maternity services and perinatal mental health services. Police called by the hospital as woman had sought abortion care prior to neonatal delivery. No evidence of offence. No further reviews declared. BPAS to deliver training regarding the RCOG (2023) guidance to the commissioning area.

Case 3 (Domestic Homicide Review (DHR)):

Notified of DHR and chronology submitted to the Health Board. Patient had PBP in 2021 who did not disclose any safeguarding concerns at the time of treatment. She died by suicide following alleged domestic abuse. No omissions noted by BPAS. Awaiting report to disseminate at BPAS.

Case 4 (DHR):

Notified of DHR and chronology submitted to the Safeguarding Partnership. Patient had PBP in 2022 who did not disclose any safeguarding concerns at the time of treatment. No omissions noted by BPAS. Awaiting report to disseminate at BPAS.

Case 5 (DHR):

Notified of DHR and chronology submitted to the Safeguarding Partnership. Patient had face-to-face appointment and early medical abortion in 2022. Extensive safeguarding concerns around domestic abuse and mental health reported via safeguarding risk assessment. Patient reported being safe and supported. Declined police involvement but consented to independent domestic abuse service, GP and mental health services. Multi-agency discharge planned to ensure patient had wraparound support and safety plan. No omissions noted by BPAS but DASH risk assessment was not in practice at BPAS at the time. This would have strengthened support and is now standard practice. Awaiting report to disseminate at BPAS.

We can conclude that domestic abuse is a prevalent issue for the people that seek abortion care. The reviews have been important and have enabled us to check and challenge our safeguarding processes. It has enabled to evidence the strengthening of training in domestic abuse and coercive control, and also in the use of DASH risk assessments.

For the people that sadly died, we our thoughts are with them and their families and friends.

Next Steps and Horizon Scanning

Progress against action plans

The below table 'Safeguarding Action 2022-23 Progress and Actions', details the progress against last year's actions.

Table: Safeguarding Action 2022-23 Progress and Actions

	Actions from 2022-23	Progress Made in Year	Outstanding Actions
1.	BPAS to ensure that CAS2 reports are designed to gain robust data to promote the reporting of themes/trends and development of the service according to patient need	Robust safeguarding data able to be extrapolated as demonstrated in report	To increase data sets with safeguarding risk assessment review in 2024-25
2.	To evaluate the impact of the DNA/WNB policy and referrals to maternity service	Evaluated and evidence policy meets the needs of the service. Staff utilising policy effectively	N/A
3.	Domestic Abuse Stalking and Harassment training to be implemented at BPAS to aid staff in identifying, support and referring high risk patients	All SSMs DASH train the trainers. DASH training package in place since October 2023 and compliance 78%	To roll out DASH training to wider cohorts of clinical staff in 2023-24
4.	Work with NHS England and Wales and the maternity networks to raise awareness of the needs of vulnerable adults accessing abortion care particularly in relation to perinatal mental health	Work ongoing with NHSE and the Head of Safeguarding. Presentations delivered	Bespoke perinatal mental health package to be created by Named Doctor who is Subject Matter Expert
5.	Review and launch the safeguarding children and young people policy and review and launch the safeguarding adults, domestic abuse and preventing radicalisation policies	All reviewed and launched/launches planned	Safeguarding adults policy planned launch July 2024.
6.	To review the safeguarding TNA to further improve safeguarding training	Complete and robust training schedule in place	
7.	To offer a blended approach of in-person and virtual safeguarding training and supervision following staff feedback	In person supervision is delivered. Level 2 and 3 packages are all taught virtually.	Level 3 face to face training package being developed for 2023-24
8.	To offer more contemporary methods of training including podcasts from guest speakers and subject matter experts so staff can access training as and when required in addition to level 3	In place	To continue to build portfolios of training with guest speakers and useful material so staff can self-seek training as required
9.	To improve training compliance for level 1, 2 and 3 training packages	Training compliance is meeting targeted	
10.	To ensure compliance for safeguarding supervision can be monitored	Compliance is held on a national platform and is closely monitored by the safeguarding team	
11.	Safeguarding thematic review of incidents to be completed	Completed and DATIX categories	
12.	Change the safeguarding DATIX categories to aid reporting for all staff	Completed and underpinned by thematic review	
13.	A safeguarding strategy for BPAS to be developed to ensure the safeguarding journey at BPAS is consistent and clear to staff at every 'safety netting' opportunity following an extended period of system change	Completed	
14.	To consider system changes safeguarding risk assessments	Safeguarding risk assessments are being reviewed in 2024-25 with developers to create smart forms that are intuitive to patients needs	

Horizon scanning

As identified in the report, the recommended actions going into 2023-24 are listed. This list is not static and is expected to grow and evolve as we progress through the new financial year. It forms part of the corporate action plan and risk register.

The actions identified in 2023-24 include:

Action 1:
Development of divisional safeguarding reports that are reported at the safeguarding group

Action 2:
Development of a new audit tool and cycle to strengthen independent scrutiny of services

Action 3:
Review outstanding policies and develop new policies and procedures to strengthen safeguarding governance

Action 4:
All clinical staff to be trained in DASH risk assessment

Action 5:
Face-to-face safeguarding training packages to be put in place

Action 6:
Creation of specific perinatal mental health training packages to support staff and to align with the mental health crisis SOP

Action 7:
Continue to build the 'building blocks' approach to safeguarding with a portfolio of guest speakers delivering sessions/webinars/podcasts held on BPAS learn on subjects suggested by staff

Action 8:
BPAS's transition to PSIRF will include all safeguarding PSIs. Internal and external safeguarding incidents will include staff debrief, learning events and 7-minute briefings

Action 9:
Review the patient EMR and safeguarding risk assessments for adults at risk

Action 10:
Review the 'other' category of Datix and strengthen categorisation to support accurate reporting

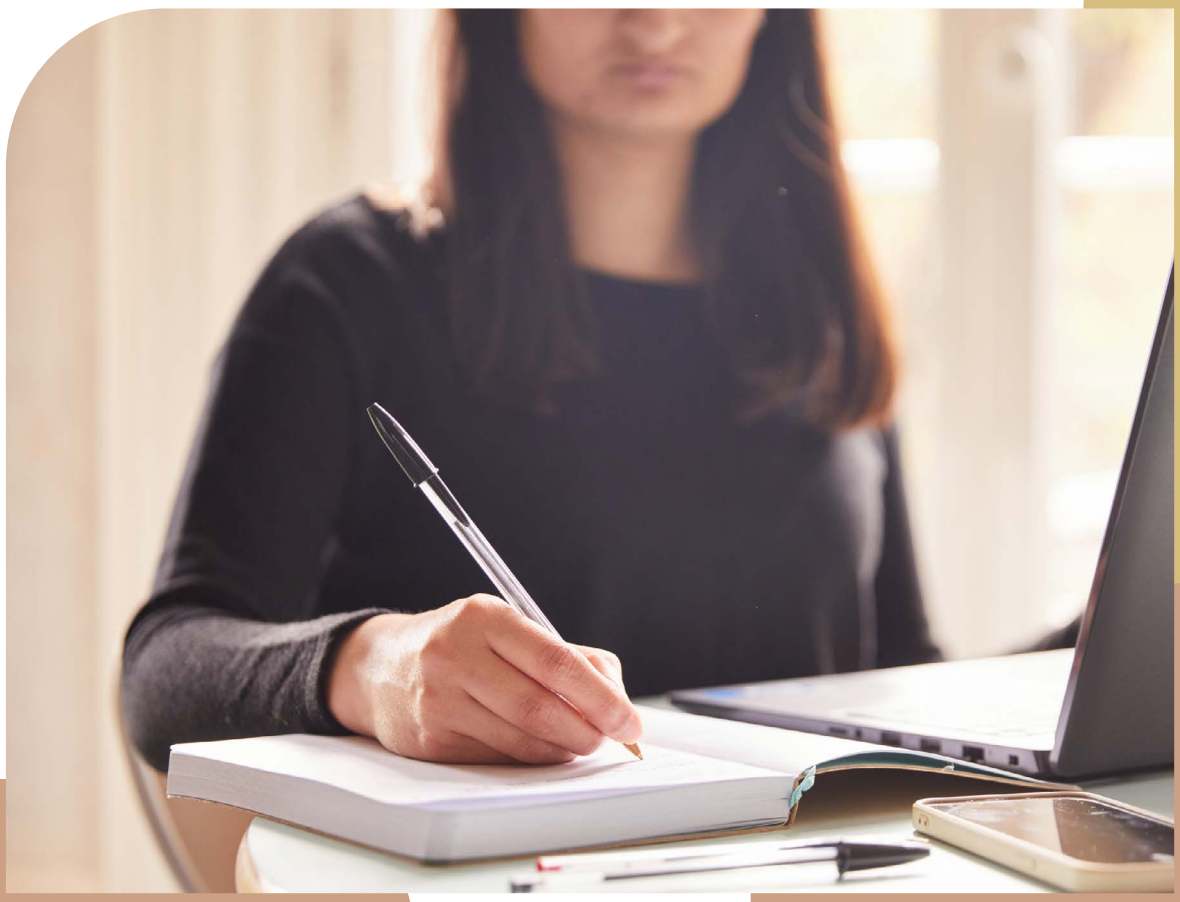
Conclusion

As we look back at 2023-24, it is possible to reflect that BPAS has been through a period of rapid change. This has included service change due to pandemic, new models of care delivery, and safeguarding transformation.

We can surmise that the past 2 years have required providers to stabilise the abortion sector, ensuring that safeguarding processes that meet the changing needs of patients are in place.

In the year ahead, we want to consolidate the changes in order to ensure a service that is robust, consistent and evidence-based. The consolidation period will ensure that patients receive the best possible service. It will also ensure that abortion practitioners have time to settle into established polices, pathways and responsibilities. In this consolidation phase key attributes such as professional curiosity will flourish.

We thank all BPAS staff and external partners for continuing on this journey with us.



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